| PATENT APPLICATION FEE DETERMINATION RECO |  |   |                              |                               |               |                  | BU           | Application or Docket Number |            |                        |                            |                     |                        |
|---|--|---|------------------------------|-------------------------------|---------------|------------------|--------------|------------------------------|------------|------------------------|----------------------------|---------------------|------------------------|
| Effective October 1, 2000                 |  |   |                              |                               |               |                  |              | 09/759/784                   |            |                        |                            |                     |                        |
|   |  | CLAIMS AS                                 | Golumn                       |                               |               |                  |              | SMALL ENTITY TYPE            |            | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| TOTAL CLAIMS                              |  |   |                              |                               |               |                  |              | RAT                          | Ε          | FEE                    | ] [                        | RATE                | FEE                    |
| FOR                                       |  | NUMBER FILED                              |                              | NUMBER EXTRA                  |               |                  | BASIC FEE    |                              | 355.00     | OR                     | BASIC FEE                  | 710.00              |                        |
| TOTAL CHARGEABLE CLAIMS                   |  |   | 26 minus 20=                 |                               | . 6           |                  |              | X\$ 9=                       |            |                        | OR                         | X\$18=              | 10800                  |
| INDEPENDENT CLAIMS                        |  |   | 6 minus 3 =                  |                               | 3             |                  |              | X40=                         |            |                        | OR                         | X80=                | ري. 2 <b>4</b> 0.      |
| MULTIPLE DEPENDENT CLAIM P                |  |   | RESENT                       |                               |               | +135=            |              |                              |            | OR                     | +270=                      |                     |                        |
| * If the difference in column 1 is        |  |   | less than zero, enter "0" in |                               |               | olumn 2          | TOTAL        |                              |            |                        | OR                         | TOTAL               | 1,000                  |
| CLAIMS AS AMENDED - PART II               |  |   |                              |                               |               |                  |              | . 🕳 17                       | -          | <b></b>                | 1                          | OTHER               |                        |
| 12-19-03 (Column 1)<br>CLAIMS             |  |   | (Column 2) (Column 3)        |                               |               |                  | SMALL ENTITY |                              |            | OR                     | SMALL                      |                     |                        |
| ENT A                                     |  | REMAINING NUI AFTER PREV                  |                              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY  | PRESENT<br>EXTRA |              | RAT                          | E          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NO.                                       | Total  | . 23                                      | Minus                        | . 0                           | 26            | = /)             |              | X\$ 9                        | =          | /                      | OR                         | X\$18=              | 0                      |
| AMENDMENT                                 |  |   | Minus ***                    |                               | 4             | (s = D           |              | X40:                         | =          | /                      | OR                         | X80=                | 0                      |
| FIRST PRESENTATION OF M                   |  |   | ULTIPLE DEPENDENT CLAIM      |                               |               |                  |              | +135                         | <u> </u>   |                        | OR                         | +270=               | 0                      |
| ý   | .0.0   |   |                              |                               |               |                  |              | TO<br>Addit, F               | TAL<br>FEE | /                      | OR                         | TOTAL<br>ADDIT. FEE | 0                      |
| 10-18-03 (Column 1) (Column 2) (Column 3) |  |   |                              |                               |               |                  |              |                              |            |                        | ,                          |                     |                        |
| MENDMENT B                                |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY  | PRESENT<br>EXTRA |              | RATI                         | E          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 10                                      | Minus                        | . d                           | 36            | = //             |              | X\$ 9                        | =          |                        | OR                         | X\$18=              | L                      |
| AME                                       | Independent                                    | . 5                                       | Minus                        | ***                           | <u>Q</u>      | = /              | ┨╽           | X40:                         | =          |                        | OR                         | X80=                |                        |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                               |               |                  |              |                              | =          |                        | OR                         | +270=               |                        |
| 6   |  |   |                              |                               |               |                  |              |                              | TAL.       |                        | اما                        | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)          |  |   |                              |                               |               |                  |              | ADDIT. F                     | •          |                        | -                          |                     |                        |
| AMENDMENT C                               |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY | PRESENT<br>EXTRA |              | RATI                         | Ε          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NO.                                       | Total  | •   | Minus                        | **                            |               | 3                |              | X\$ 9                        | _          |                        | OR                         | X\$18=              |                        |
| ME  | Independent                                    | •   | Minus                        | •••                           |               | -                |              | X40:                         | 〓          |                        | OR                         | X80=                |                        |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                               |               |                  |              |                              | _          |                        | I OH                       |                     | <u> </u>               |

OR

+270=

TOTAL ADDIT. FEE

+135=

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.